



WASHINGTON STATE
DEPARTMENT OF
ECOLOGY

Well Tagging Form

Unique Well Tag No: AGA 931

RECORD VERIFICATION (check one)

- ☐ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available
- See #2*

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name W & B WATERWORKS #1 Last Name _____
40670-3
 Street Address _____
 City _____ State _____

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address: 1573 RD4 Rd
 City _____ County _____
 T _____ N R _____ W M Sec _____ 1/4 of the _____

FOR AGENCY USE ONLY

Latitude _____
 Longitude _____

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated

Elevation at land surface _____ feet/meters (circle one)

- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other _____

Additional information, if available.

- ☐ Location marked on topographic map (please attach)
- ☐ Location marked on air photo (please attach)

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical Description of well (size of casing, type of well, housing, etc.)

4" CASING INSIDE CINDER BLOCK HOUSE PAINTED ~~RED~~ AQUA
BLUE. ADJACENT TO SRC #1, 3, 4 AND 2 LARGE CONCRETE
RESERVOIR

Location of Well Identification Tag

CASING

Is supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

Where was tag placed?

Scale 1 24,000 (1"=2,000')

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION _____

	C	B	A
	F	G	H
	L	K	J
	P	Q	R

Comments

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Right # _____

Date Issued _____

One

Application

Permit

Certificate

Claim

Exempt